



Please type a plus sign (+) inside this box -> +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Nu	mber	PA1531US
		First Named Invento	r	Eric Larkin
		COMPL	ETE IF	KNOWN
		Application Number	Unkı	nknown
Submitted OR Submit with Initial Filing (37 CF		Filing Date	April	10, 2001
	mitted OR Submitted after Initial Filing (surcharge	Group Art Unit	Unkı	nown
		Examiner Name	Unk	nown

As a below named inventor, I he	reby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and names are listed below) of the sub	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
System and Method for Ma	naging Data in Mul	tiple Bills of Materia	als over a Netv	vork				
	(7	itle of the Invention)						
the specification of which	,,	ac or are inversion,						
is attached hereto								
OR		as United S	States Application I	Number or PCT International				
☐ was filed on (MM/DD/YYYY)				(if applicable).				
Application Number	and was a	mended on (MM/DD/YY	YY)	(,, applicatio),				
I hereby state that I have reviewed amended by any amendment spe	d and understand the co	ontents of the above ide re.	ntified specification	n, including the claims, as				
I acknowledge the duty to disclose in-part applications, material infor PCT international filing date of the	e information which is m mation which became a e continuation-in-part ap	naterial to patentability a vailable between the filinplication.	s defined in 37 CF ng date of the prio	R 1.56, including for continuation- r application and the national or				
certificate, or 365(a) of any PCT in America, listed below and have	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application	Country	Foreign Filing Date		Certified Copy Attached?				
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO				
Additional foreign application	numbers are listed on a	ausplamental priority de	ata abaat BTO/SB	/02B attached hereto:				
I hereby claim the benefit under			nai application(s)	isted below.				
Application Number(s)		e (MM/DD/YYYY)	Additiona	al provisional application				
60/195,918 •	04/10/2000 05/22/2000		numbers	are listed on a				
60/206,219		ŀ		ental priority data sheet 02B attached hereto.				
60/206,221	05/22/2000		FIUISBI	OZD BRIBOIEG HEIGIO.				
60,210,935	06/12/2000							

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

SEME BY: OPENSOFO, INC.;

M

IJ

6509371430;

APR - 1 1:36PM;

PAGE 3/5

Phosse type a plus sign (*) mecha bus box (*) [4]

PTO/59/01 (10:00)
Approved for use through 19/31/2002. OMB 0051-0032 U.O. Patent and Trademark Office; U.S. DEPARTMENT OF COMMENCE
Under the Proposer's Englished Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application Coolome Number of Bar Code Label Office following pondence to OR L Correspondence address below Name Addross. Aridrass City State ZIP Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made are purishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. ☐ A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Given Namo Eric Family Name Larkin (first and middle (if any)) or Burname Inventor's Signaturo Residence: City San Jose State CA Country USA Citizenship USA Mailing Address Mulling Address 95125 Jose St<u>ate</u> Country A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Given Name Michael Family Name Topolovac (first and middle [if any]) o<u>r Sumame</u> Date 4/10/01 Inventor B Signaturo CountryUSA Palo Alto Citizenship USA Rosidence: City Mailing Address Mailing Address Country Additional Inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SE/02A attirched hereto.





Please type a plus sign (+) inside this box +

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					his unsigned inventor
Given Name (first and middle (if any	Given Name (first and middle [if any]) Family Name or				urname
Janet		Yu			
Inventor's Signature					_{Date} April 10, 2001
Residence: City San Francisco	State C	A	Country USA		Citizenship USA
Mailing Address 3222 25th S	7.				
Mailing Address					
city Palo Alto San Francisco	State	CA	zip 94/10	Countr	у
Name of Additional Joint Inventor, if a	ıy:		A petition has been filed	for thi	s unsigned inventor
Given Name (first and middle [if any)		Family Nar	ne or S	urname
Not Applicable					
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address					
City	State		ZIP	Cou	ntry
Name of Additional Joint Inventor, if a	ny:		A petition has been filed	for this	unsigned inventor
Given Name (first and middle [if any])		Family	Name o	or Surname
Not Applicable					
Inventor's Signature					Date
Residence: City	State_		Country		Citizenship
Mailing Address					
Mailing Address		- 14			
City	State		ZIP	Co	ountry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unknown
Filing Date	April 10, 2001
First Named Inventor	Eric Larkin
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	US1531US

	int: ners at Customer Nun	nber 22830	· 		
OR Practition	ner(s) named below:			Label here 22830	
Practition	Name		Pogis	PATENT_TRADEMARK O	PFFICE
<u> </u>	name_		Regis	stration Number	
	· · · · · · · · · · · · · · · · · · ·	· •			
		prosecute the application and Trademark Office co			all
X The above-	the correspondence a mentioned Customer	ddress for the above-ide Number.	ntified applicati	ion to:	
OR Simon				-	
Firm or Individual Na	ame				
Address	_				
Address					
City		·	State	Zip	
Country					
Telephone			Fax		
I am the: [/] Applican	t/Inventor.				
		e interest. See 37 CFR 3 (b) is enclosed. (Form P			
	SIGNATU	RE of Applicant or Assign	nee of Record		
Name	Eric Larkin				
Signature	this last				
Date	April 10, 2001				
	I the inventors or assignees signature is required, see b	s of record of the entire interest	t or their represent	tative(s) are required. S	ubmit multiple
Total of3	forms are submitted				-

SENT BY: OPENSPEC, INC.;

6509371430;

Apr 10,01 16:36 No.010 P.02/03

1:36PM;

PAGE 4/5

Please type a plus sign (+) inside this box -

PTO/89/81 (10-00) Approved for use through 10/31/2002. OMB 0851-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unknown	
Filing Date	April 10, 2001	
First Named Inventor	Eric Larkin	
Group Art Unit	Unknown	
Examiner Name	Uńkńówn	
Attorney Docket Number	US1531US	

I hereby appo	oint:				-
Practitio	ners at Customer Number	22830	□	Place Customer Nones Ber Code	
Practition	ner(s) named below:			PATENT TRADEMARK OFFICE	∣
	Name		Regist	ration Number	
l ————————————————————————————————————					
h					
as my/our attor	ney(s) or agent(s) to prosecu	te the application ic	lentified above	e, and to transact all	
business in the	United States Patent and Tre	ademark Office con	nected therew	vith.	·
Please change l	the correspondence address	for the above-ident	ified applicatio	on to:	
The above-	mentioned Customer Numbe	r.			.]
OR					
Firm or Individual Na	anne				
Address					
Address			· · · · · · · · · · · · · · · · · · ·		•
City			State	Zip	
Country				······································	
Telephone			ax		
) am the:					
X Applican	t/Inventor.				•
~~~ Assigned	of record of the entire intere	st. See 37 CFR 3.7	<b>'</b> 1.		
	rıl under 37 CFR 3.73(b) is ei				
	SIGNATURE of A	pplicant or Assigna	e of Record		
Name	Michael Topolovac				
Signature					
Date	April 10, 2001				
NOTE: Signatures of all forms if more than one	I the inventore or assignees of reconsignature is required, see below.	d of the entire interest o	r their representa	ative(s) are required. Submit	multiple
№ Total of 3	forms are submitted.				

Burden Hour Statement: This form is settinated to take 3 minutes to complete. Time will vary depending upon the needs of the included case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unknown
Filing Date	April 10, 2001
First Named Inventor	Eric Larkin
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	US1531US

I hereby app	oint: ·						$\neg$
X Practition	oners at Cu	ustomer Number	22830		<b>_</b>	mber Bar Code	
OR					1 1 1	28 Ben	
☐ Practitio	Practitioner(s) named below:				PATENT _TI	RADEMARK OFFICE	
		Name			Registration N	lumber	
				+			
				_	<del></del>		
				+			
	•		<del> </del>				i
as my/our atto	rney(s) or	agent(s) to prosecut	te the application	identif	ed above, and to	o transact all	
business in the	e United St	tates Patent and Tra	ademark Office co	onnecte	ed therewith.		
Please change	the corres	spondence address f	for the above-ider	ntified a	application to:		
X The above	-mentione	d Customer Number	r.				
OR							
Firm or							
Individual N Address	ame						
Address							
City				State		Zip	
Country							
Telephone				Fax			
I am the:							
Applica	nt/Inventor	•.					
☐ Assigne	o of recor	d of the entire intere	st See 37 CEP 3	71			
		37 CFR 3.73(b) is er			96).		
			pplicant or Assigr	_			
	Janet Yu						
Name	Dariet Tu			_			
Signature			>~		<del> </del>		
Date	April 10,	2001					
NOTE: Signatures of a forms if more than one	If the invento	ors of assignees of record	of the entire interest	or their	representative(s) are	e required. Submit	multiple
Total of3		s are submitted.	·		····		
		<del></del>		-			